

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re LAVIA NICOLAU-ARMAN

Case No. 18-17673-SLM

Reporting Period: July 2019

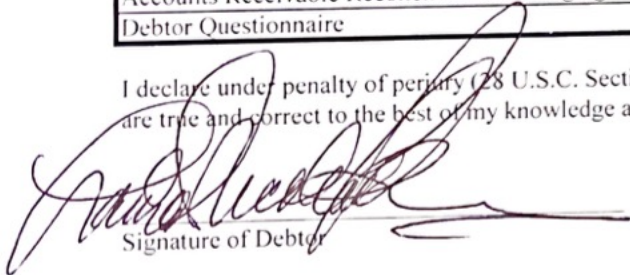
MONTHLY OPERATING REPORT
(INDIVIDUAL WAGE EARNERS)

File with Court and submit copy to United States Trustee within 20 days after end of month

Include FORM MOR-1 (INDV) if debtor is a wage earner.
Substitute FORM MOR-2 (RE) for MOR-1 if case is a Single Asset Real Estate case.
Submit copy of report to any official committee appointed in the case.

| REQUIRED DOCUMENTS | Form No. | Document Attached | Explanation Attached |
|--|--------------|-------------------|----------------------|
| Schedule of Cash Receipts and Disbursements | MOR-1 (INDV) | ✓ | |
| Bank Reconciliation (or copies of debtor's bank reconciliations) | MOR-1 (CONT) | ✓ | |
| Copies of bank statements | | ✓ | |
| Cash disbursements journals | | ✓ | |
| Statement of Operations | | | |
| Balance Sheet | | | |
| Status of Postpetition Taxes | | | |
| Copies of IRS Form 6123 or payment receipt | | | |
| Copies of tax returns filed during reporting period | | ✓ | |
| Summary of Unpaid Postpetition Debts | | | |
| Listing of aged accounts payable | | | |
| Accounts Receivable Reconciliation and Aging | | | |
| Debtor Questionnaire | | | |

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.


Signature of Debtor

Date 9/10/19

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date

Printed Name of Authorized Individual

Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

FORM MOR (INDV)
(9/99)

In re Laura Nicoleau-Berman
Debtor

Case No. 18-17673-SLM
Reporting Period: Jul-19

INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

(This Form must be submitted for each bank account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

| | Current Month Actual | Cumulative Total to Date Actual |
|---|-------------------------|------------------------------------|
| Cash - Beginning of Month | 32034.68 | |
| RECEIPTS | 0 | |
| Wages (Net) | | |
| Interest and Dividend Income | | |
| Alimony and Child Support | | |
| Social Security and Pension Income | | |
| Sale of Assets | | |
| Other Income (attach schedule) | | |
| Total Receipts | 0 | |
| DISBURSEMENTS | | |
| Mortgage Payment(s) | 3158 | |
| Rental Payment(s) | | |
| Other Secured Note Payments | | |
| Utilities | 104.87 | |
| Insurance | 2246.45 | |
| Auto Expense | | |
| Lease Payments | | |
| IRA Contributions | | |
| Repairs and Maintenance | | |
| Medical Expenses | | |
| Food, Clothing, Hygiene | | |
| Charitable Contributions | | |
| Alimony and Child Support Payments | | |
| Taxes - Real Estate | | |
| Taxes - Personal Property | | |
| Taxes - Other (attach schedule) | | |
| Travel and Entertainment | | |
| Gifts | | |
| Other (attach schedule) | 3300 | |
| Total Ordinary Disbursements | | |
| REORGANIZATION EXPENSES | | |
| Professional Fees | 0 | |
| U. S. Trustee Fees | 0 | |
| Other Reorganization Expenses (attach schedule) | 0 | |
| Total Reorganization Items | 0 | |
| Total Disbursements (Ordinary + Reorganization) | 8809.32 | |
| Net Cash Flow (Total Receipts - Total Disbursements) | -8809.32 | |
| Cash - End of Month (Must equal reconciled bank statement) | 23225.36 | |

In re Laura Nicoleau-Berman Case No. 18-17673-SLM
Debtor Reporting Period: Jul-19

SUMMARY OF UNPAID POST-PETITION DEBTS

| | Number of Days Past Due | | | | | Total |
|---|-------------------------|------|-------|-------|---------|-------|
| | Current | 0-30 | 31-60 | 61-90 | Over 91 | |
| Mortgage | 3100 | | | | | |
| Rent | | | | | | |
| Secured Debt/Adequate Protection Payments | | | | | | |
| Professional Fees | | | | | | |
| Other Post-Petition debt (list creditor) | | | | | | |
| M & T Bank | 3400 | 3400 | 3400 | 3400 | 24000 | 37400 |
| Serviceing Corp | 2700 | 2700 | 2700 | 2700 | 18900 | 29700 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Post-petition Debts | | | | | | 67100 |

Explain how and when the Debtor intends to pay any past due post-petition debts.

In re Laura Nicoleau-Berman
Debtor

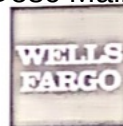
Case No. 18-17673-SLM
Reporting Period: Jul-19

DEBTOR QUESTIONNAIRE

| Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item. Attach additional sheets if necessary. | | Yes | No |
|---|--|-----|----|
| 1 | Have any funds been disbursed from any account other than a debtor in possession account this reporting period? | | x |
| 2 | Is the Debtor delinquent in the timely filing of any post-petition tax returns? | | x |
| 3 | Are property insurance, automobile insurance, or other necessary insurance coverages expired or cancelled, or has the debtor received notice of expiration or cancellation of such policies? | | x |
| 4 | Is the Debtor delinquent in paying any insurance premium payment? | | x |
| 5 | Have any payments been made on pre-petition liabilities this reporting period? | | x |
| 6 | Are any post petition State or Federal income taxes past due? | | x |
| 7 | Are any post petition real estate taxes past due? | | x |
| 8 | Are any other post petition taxes past due? | | x |
| 9 | Have any pre-petition taxes been paid during this reporting period? | | x |
| 10 | Are any amounts owed to post petition creditors delinquent? | | x |
| 11 | Have any post petition loans been received by the Debtor from any party? | | x |
| 12 | Is the Debtor delinquent in paying any U.S. Trustee fees? | | x |
| 13 | Is the Debtor delinquent with any court ordered payments to attorneys or other professionals? | | x |

Wells Fargo Everyday Checking

July 31, 2019 ■ Page 1 of 3



DCDP31DTRF 006897



LAURA NICOLEAU-BERMAN
DEBTOR IN POSSESSION
CH 11 CASE #18-17673(NJ)
703 DOCTORS PATH
RIVERHEAD NY 11901-1507

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Activity summary

| | |
|--------------------------|-------------|
| Beginning balance on 7/1 | \$27,045.01 |
| Deposits/Additions | 0.00 |
| Withdrawals/Subtractions | - 8,809.07 |
| Ending balance on 7/31 | \$18,235.94 |

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

Questions?

Available by phone 24 hours a day, 7 days a week:
Telecommunications Relay Services calls accepted

1-800-TO-WELLS (1-800-869-3557)

TTY: 1-800-877-4833

En español: 1-877-727-2932

普通话 1-800-288-2288 (6 am to 7 pm PT, M-F)

Online: wells Fargo.com

Write: Wells Fargo Bank, N.A. (348)
P.O. Box 6995
Portland, OR 97228-6995

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wells Fargo.com or call the number above if you have questions or if you would like to add new services.

| | | | |
|--------------------|--------------------------|-----------------------|--------------------------|
| Online Banking | <input type="checkbox"/> | Direct Deposit | <input type="checkbox"/> |
| Online Bill Pay | <input type="checkbox"/> | Auto Transfer/Payment | <input type="checkbox"/> |
| Online Statements | <input type="checkbox"/> | Overdraft Protection | <input type="checkbox"/> |
| Mobile Banking | <input type="checkbox"/> | Debit Card | <input type="checkbox"/> |
| My Spending Report | <input type="checkbox"/> | Overdraft Service | <input type="checkbox"/> |

Account number: 7410904549

LAURA NICOLEAU-BERMAN
DEBTOR IN POSSESSION
CH 11 CASE #18-17673(NJ)

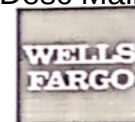
New York account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 026012881

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Wells Fargo Everyday Checking

July 31, 2019 ■ Page 1 of 3



DCDP31DTRF 008997



LAURA NICOLEAU-BERMAN
DEBTOR IN POSSESSION
CH 11 CASE #18-17673(NJ)
703 DOCTORS PATH
RIVERHEAD NY 11901-1507

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| | | | |
|--------------------|--------------------------|-----------------------|--------------------------|
| Online Banking | <input type="checkbox"/> | Direct Deposit | <input type="checkbox"/> |
| Online Bill Pay | <input type="checkbox"/> | Auto Transfer/Payment | <input type="checkbox"/> |
| Online Statements | <input type="checkbox"/> | Overdraft Protection | <input type="checkbox"/> |
| Mobile Banking | <input type="checkbox"/> | Debit Card | <input type="checkbox"/> |
| My Spending Report | <input type="checkbox"/> | Overdraft Service | <input type="checkbox"/> |

Activity summary

| | |
|-------------------------------|--------------------|
| Beginning balance on 7/1 | \$27,045.01 |
| Deposits/Additions | 0.00 |
| Withdrawals/Subtractions | - 8,809.07 |
| Ending balance on 7/31 | \$18,235.94 |

Account number: **7410904549**

LAURA NICOLEAU-BERMAN
DEBTOR IN POSSESSION
CH 11 CASE #18-17673(NJ)

New York account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 026012881

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

DCDP31DTRF 008997 NNNNNNNNNN NNN NNN 001 002 348 0414/1 21269321.1

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Transaction history

| Date | Check Number | Description | Deposits/ Additions | Withdrawals/ Subtractions | Ending daily balance |
|------------------------|--------------|---|------------------------|------------------------------|-------------------------|
| 7/12 | 137 | Check | | 3,158.00 | 23,837.01 |
| 7/16 | 138 | Check | | 3,300.00 | 20,537.01 |
| 7/23 | | Nbic ACH E-Check 072219 019KI45D95A4025 Laura Nicoleau Berman | | 973.50 | |
| 7/23 | | Arrowhead Agriapay Hnj3006130 Laura Nicoleau | | 1,272.75 | 18,340.76 |
| 7/30 | | Optimum 7839 Cable Pmnt 072919 38951604 L Berman | | 104.82 | 18,235.94 |
| Ending balance on 7/31 | | | | | 18,235.94 |
| Totals | | | \$0.00 | \$8,809.07 | |

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of checks written (checks listed are also displayed in the preceding Transaction history)

| Number | Date | Amount | Number | Date | Amount |
|--------|------|----------|--------|------|----------|
| 137 | 7/12 | 3,158.00 | 138 | 7/16 | 3,300.00 |

Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

| | | | |
|---|------------|--------------------------------------|---|
| Fee period 07/01/2019 - 07/31/2019 | | Standard monthly service fee \$10.00 | You paid \$0.00 |
| How to avoid the monthly service fee | | Minimum required | This fee period |
| Have any ONE of the following account requirements | | | |
| • Minimum daily balance | \$1,500.00 | | \$18,235.94 <input checked="" type="checkbox"/> |
| • Total amount of qualifying direct deposits | \$500.00 | | \$0.00 <input type="checkbox"/> |
| • Total number of posted debit card purchases or posted debit card payments of bills in any combination | 10 | | 0 <input type="checkbox"/> |
| • The fee is waived when the account is linked to a Wells Fargo Campus ATM or Campus Debit Card | | | |
| Monthly service fee discount(s) (applied when box is checked) | | | |
| Age of primary account owner is 17 - 24 (\$10.00 discount) | | | <input type="checkbox"/> |



IMPORTANT ACCOUNT INFORMATION

Effective August 19, 2019, there will be changes to Service fees for Overdraft and Returned Items.

We may assess an overdraft fee for any item we pay into overdraft, and we may assess a returned item fee for any item returned unpaid. We limit our overdraft and/or returned item fees to three (3) per business day. We will not assess an overdraft or Non-Sufficient Funds/NSF fee on items of \$5 or less. If both your ending daily account balance and available balance are overdrawn by \$5 or less after we have processed all of your transactions, we will not assess an overdraft fee on the items. No overdraft fee will be assessed on ATM and every day (one-time) debit card transactions unless Debit Card Overdraft Service is added to your account.

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